

HISTORY FACILITY PROFILE

LOGAN REGIONAL HOSPITAL TRANS PROVIDER #: 465123 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 1400 NORTH 500 EAST PHONE NUMBER: (435) 716-5444 TOTAL: 14
 LOGAN UT 84341 PARTICIPATION DATE: 09/06/1990 CERTIFIED: 14 TYPE OWNERSHIP: NONPROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/23/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 14			
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TOTAL:	11	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	10	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	0			14			
OTHER:	1						

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3	S/S	PRIOR 2	S/S	PRIOR 1	S/S	CURRENT	S/S	PLAN/DATE	
SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	OF CORRECT	PROGRAM REQUIREMENTS
04/2000		01/2001		09/2001		07/23/2002			

*** NO DEFICIENCIES WERE FOUND ***

EDITION OF LSC APPLIED					
85 NEW	85 NEW	85 NEW	85 NEW	CURRENT	PLAN/DATE
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT		OF CORRECTION
SURVEY	SURVEY	SURVEY	SURVEY		
04/2000	01/2001	09/2001	07/23/2002		
		X			
	X		X C	09/21/2002	LSC DEFICIENCIES - BLDG NO. 01
			X C	09/21/2002	K0027-DOORS IN SMOKE PARTITIONS
			X C	09/21/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
					K0072-FURNISHING AND DECORATIONS
					K0076-MEDICAL GAS SYSTEM
					K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	0	0	0
HEALTH TOTAL	0	0	0	0
LIFE SAFETY CODE	3	1	1	0
LIFE SAFETY CODE + HEALTH	3	1	1	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT